

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1D-8D9007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1						51			
2			2						52			
3			2						53			
4									54			
5			1						55			
6			2						56			
7			2						57			
8			2						58			
9			2						59			
10			2						60			
11			2						61			
12			2						62			
13			2						63			
14									64			
15									65			
16									66			
17									67			
18									68			
19									69			
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39									89			
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41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.					20				TOTAL IND.			
TOTAL DEP.			2		2				TOTAL DEP.			
TOTAL CLAIMS				22					TOTAL CLAIMS			